

290755

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020 . 94 . T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Superior Limousine Service, LLC

(Please type or print)

Submitted by: Leslie S. Williams

Telephone:

(803) 260-7829

Address: 1201 Main Street Suite 1100

Fax:

(803) 748-1233

Columbia SC 29202

Other:

Email: Williams@superiorpm.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Extension to Comply with Order☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petitioner

RECEIVED

MAR 05 2020

PSC SC  
MAIL / DMS

js

RECEIVED

MAR 04 2020

PSC SC  
CLERK'S OFFICE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 03/04/2020  
10/10/2019 yzw

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Superior Limousine Service, LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
330 Bluestem Drive, Elgin SC 29045  
Street Address of Applicant  
Same  
Mailing Address of Applicant (if different from street address)  
(803) 260-7829 (803) 748-1233  
Phone Fax  
1 Williams@superiorpm.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

02:58:25 p.m. 03-04-2020 4

03/04/2020 15:39 Superior PM

(FAX)

P.004/019

10:20:42 p.m. 10-16-2019 4

10/16/2019 21:52 Superior PM

(FAX)

P.004/014

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$ 890,000	Mortgage/Loan on Real Estate	480,000
Value of Motor Vehicles	58,000	Loans Owed on Motor Vehicles	0
Cash on Hand	70,000	Business/Other Loans Owed	0
Cash in Bank	70,000	Other Liabilities or Debts	\$ 6,000
Value of Other Assets and Equipment	28,000	Total Liabilities	\$ 486,000
Total Assets	\$ 1,116,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

*\$100<sup>00</sup> per hour with a 3 hour minimum.*

**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> -	<input type="checkbox"/> -	<input type="checkbox"/> -	<input type="checkbox"/> -	

P.006/019

10:20:43 p.m. 10-16-2019

1

10/18/2019 21:52 Superior PM

(FAX)

P.006/014

**You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.**

**Maximum Number of Passengers Vehicle is Equipped to Carry:** (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Leslie S. Williams

Name of Applicant

330 Bluestem Drive Elgin SC 29041

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ ~~25,000~~

Limits \$50,000

The above quoted premium is for a term of 6 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

State Farm

Name of Insurance Company

152 Blythewood Rd Blythewood SC 29016-1102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-3712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

03/04/2020 15:39 Superior PM

(FAX)

P.008/019

10/16/2019 21:52 Superior PM

(FAX)

P.008/014

**Exhibit Fit, Willing, and Able (FWA)**Leslie S. Williams

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☒ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Leslie J. Williams*  
Applicant's Signature

*Owner*  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF *Richland* )

SWORN TO BEFORE ME  
This *10TH* day of *OCTOBER*, 20*19*

*Adam Carrasay*  
Notary Public

Commission Expires *11-11-2020*

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Superior Limousine Service LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 9th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 16th day  
of October, 2019.

A handwritten signature of Mark Hammond in black ink.  
Mark Hammond, Secretary of State

03/04/2020 15:40 Superior PM

(FAX)

P.012/019

10:20:42 p.m. 10-16-2019

12

10/16/2019 21:53 Superior PM

(FAX)

P.012/014

File ID: 191009-1636057  
Filing Date: 10/09/2019STATE OF SOUTH CAROLINA  
SECRETARY OF STATEARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name)

Superior Limolite Limousine Service LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

330 Bluestem Dr. 1201 Main Street Suite 1100  
(Street Address)  
Columbia SC 29201  
(City, State, Zip Code)

3. The initial agent for service of process is

Leslie S. Williams  
(Name)  
Leslie S. Williams  
(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

1201 Main Street Suite 1100  
(Street Address)  
Columbia South Carolina 29201  
(City) (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Leslie S. Williams  
(Name)  
1201 Main St. Suite 1100  
(Street Address)  
Columbia SC 29201  
(City, State, Zip Code)

03/04/2020 15:40 Superior PM

(FAX)

P.013/019

10:10:42 p.m. 10-10-2019

13

10/18/2019 21:53 Superior PM

(FAX)

P.013/014

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

6. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

8. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☒ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

or, unless a delayed effective date is specified, these changes will be deemed to have been made for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_

03/04/2020 15:40 Superior PM

(FAX)

P.014/019

10/16/2019 21:53 Superior PM

(FAX)

P.014/014

Superior Limousine Service LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Reah D. Williams

Signature of Organizer

Date:

10/10/2019 <sup>slw</sup> 03/04/2020

Signature of Organizer

Date:

03/04/2020

03/04/2020 15:40 Superior PM

(FAX)

P.015/019

**NEW BUSINESS QUOTE**

Date Quoted: 02/27/2020

Quote # 2113001 Version # 1 Revision # 1

Insured: SUPERIOR LIMOUSINE SERVICE

**Johnson & Johnson**

The Johnson &amp; Johnson Companies

Agency: 806089 DAVID PERRY NATIONWIDE Terri Kalopliastos terri@perryinsgroup.com Applicant Information: SUPERIOR LIMOUSINE SERVICE P.O. BOX 574 COLUMBIA, SC 29202	Underwriter: DEBBIE MILLER Direct Phone: (843) 577-1440 debbie.miller@jjins.com	Minimum Earned Premium: 25% NO FLAT CANCELLATIONS Term Length: 12 Months Commission: 10.00%
---	--	--

**CARRIER AND PREMIUM DISTRIBUTION****CARRIER(S)****LINE OF BUSINESS****CARRIER**

Public Auto 410 - COLUMBIA INSURANCE COMPANY (ADMITTED) (AN ADMITTED A++ CARRIER)

**PREMIUM****COVERAGE PART****PREMIUM WITHOUT TERRORISM**

Public Auto \$3,210.00

Total Base Premium \$3,210.00

Total Amount Due \$3,210.00

*\*Please refer to the attached quote letter for additional Terrorism charges and terms.*

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT APPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

To bind coverage, please contact the Commercial Transportation Department at 1-800-427-7555 extension 5015. You do not have binding authority on this account and must speak with an underwriter to bind. A BINDER CONFIRMATION WILL BE SENT TO YOU ONCE YOUR REQUEST IS PROCESSED.

BINDING INSTRUCTIONS	UNDERWRITER NOTES
<p>Full premium or JPPF Down Payment and signed finance contract are due at the time of binding.</p> <p>If bound we will need the following</p> <ul style="list-style-type: none"> <li>Fully completed signed National Indemnity company application.</li> <li>Signed UM/UIM selection rejection form.</li> <li>Full payment or signed finance agreement.</li> </ul> <p>Due to new J&amp;J binding procedures, we must have a fully completed and signed application at the time of binding. Please make sure all limits and coverages on the application match the quote. Again, we cannot bind coverage without the signed application.</p>	<p>This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote.</p>





NICO-Rate for South Carolina  
Columbia Insurance Company

**Vehicle # 1****Applicant:** SUPERIOR LIMOUSINE SERVICE LLCOriginally Quoted: 1/09/2020 4:38 PM  
Quote Printed: 2/27/2020 9:44 AM EST**Registration State:** SC**Quote #:** 10264585**Description:** 00 LINCOLN TOWN CAR (25598)**Class:** 801 - Limousines - Stretched**Entity Type:** LLC**New/Renew:** New**Type:** Sedan**Size:** 8 Seats**Zipcode:** 29201 (T - 91)**Radius:** Up to 150 Miles**Fillings:** Single State**Business Use:** Commercial**AI/Lessor:** No**Airbag:** Yes**Antilock Brakes:** Yes**Power Units:** 1**Interstate:** No**Mid-Term:** No**Trailers:** 0**Bus. Started:** 01/09/2020

Coverage	Limit (\$)	Premium (\$)
Liability	300,000 CSL	1,704
UM - BI&PD	300,000 CSL	322
UIM - BI&PD	300,000 CSL	322
Medical Payments	5,000	182
Comp/Coll		680
AV Equipment	N/A	N/A
In-Tow		N/A
AI/Lessor		N/A
Cargo		N/A
<b>Vehicle Sub Total</b>		<b>\$3,210</b>

**Physical Damage**

<sup>A</sup> Stated Amount: \$10,000  
Deductible: 1,000/1,000

**In-Tow**

Limit: N/A  
Deductible: N/A

**Cargo**

Limit: N/A

NICO-Rate Version: 8.6.36731.

Revision: 71SC2019R04.0

**Primary Usage** Public**For Profit** Yes**Disability Eq.** No**Type** Limousine**Funeral Use** No**Body Type** Sedan**Stretch** Up to 120"**Airport Use** No**Accident Prevent** No

Quoted By: Clint Heffner

03/04/2020 15:41 Superior PM

(FAX)

P.017/019

DocuSign Envelope ID: 4A309D8E-781F-4CAA-9D55-88732A4C261B

**Driver Information for SUPERIOR LIMOUSINE SERVICE LLC**NICO-Rate for South Carolina  
Columbia Insurance Company

Quote #: 10264585

Revision: 71SC2019R04

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>	<u>Years Exp.</u>	<u>Total Points</u>	<u>Points Factor</u>	<u>Age Factor</u>	<u>Driver Factor</u>	<u>Mid-term</u>	<u>Unit</u>
1 LESLIE WILLIAMS			2+	0					

Insured: Superior Limousine Service LLC

Quote/Submission: 1579275

Insurance Company: Columbia Insurance Company

## TERMS AND CONDITIONS - READ CAREFULLY

### 1. GENERAL

- ☒ Signed and completed company application.
- ☒ Signed UM/UIM form.
- ☐ Signed Punitive Damages form.
- ☒ Drivers with proper license to operate covered auto, and 2 years' experience operating similar units.
- ☐ Drivers with 2 years CDL A experience.
- ☒ Only the drivers quoted. New drivers must be reported & approved prior to operating covered units.
- ☒ Clean MVR(s).
- ☒ No prior auto losses in the past 3 years.
- ☐ Loss runs as presented.
- ☐ 3 year currently valued hard copy company loss runs.
- ☒ Other: Stretch limo service, 150-mile radius.
- ☒ BACKDATING OF COVERAGE IS NOT PERMITTED. BINDING IS EFFECTIVE THE DATE AND TIME REQUEST IS RECEIVED BY JOHNSON & JOHNSON.

### 2. FILINGS

- ☒ Single state filings -SC
- ☐ Federal filings.
- ☐ No state and/or Federal filings. If filings are needed later, premium will increase.
- ☒ Any risk with filings must be written to include all owned, leased and operated units under the entity name filed. Name on the policy must match the filing name exactly.
- ☒ A vehicle may NOT be deleted from a policy with filings, unless the unit has been sold. Verification (bill of sale) must be obtained prior to deleting the unit from the policy. Or if owner/operator, a copy of the lease termination document.
- ☒ Policies with filings take 35 days to cancel. Premium is earned during the 35-day cancellation period.
- ☒ Safer inspections will be monitored. DOT inspections involving unreported vehicles or drivers may jeopardize continued coverage.
- ☒ If filings are needed, all filings must be made effective at 12:01 am on the date issued. If coverage is bound for a time other than 12:01 am, the filing must be made effective the FOLLOWING day at 12:01 am. Please give enough notice to bind and make the filing so there is not a gap between the two.

## TERMS AND CONDITIONS - CONTINUED

### 3. MVRs AND DRIVING VIOLATIONS

---

- ☒ MVRs are not run by the insurance company or Johnson & Johnson during the quoting process.
- ☒ Unless MVRs are provided by the insured or the retail agent, quotes are based on clean MVRs.
- ☒ Once MVRs are received, additional premium will apply for ANY and ALL driving violations for each driver, including tickets associated with at fault accidents.
- ☒ All drivers must be reported and approved PRIOR to operating any covered units.
- ☒ Premium is NOT returned when drivers with violations are deleted. Deleting the last driver from the list of original drivers (inception of the policy) is not permitted.
- ☒ Accidents are considered At Fault, unless a police report can be provided showing Not At Fault.

### 4. NON-OWNED - UNDESCRIBED TRAILERS

---

- ☐ This quote does NOT include physical damage for the non-owned undescrbed trailers.
- ☐ Physical damage is available so please let us know if the coverage is desired, and if the insured has a written trailer interchange agreement.

### 5. PAYMENT

---

- ☒ This is a Johnson & Johnson DIRECT BILL POLICY.
- ☒ Payment is due to Johnson & Johnson with 10 days of the binding effective date.
- ☒ Commission is 10%. DO NOT DEDUCT COMMISSION.
- ☒ If the policy is financed, return/cancellation premiums will be sent to the finance company.
- ☒ Cancellation, additional, return and renewal premiums are invoiced directly to the insured.
- ☐ Other: